UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND			
1 Date of Request: 6 25/05 2 Serial/Patent # 10/522710			
3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
Filing			\$
Amendment			\$
Extension of Time			\$
Notice of Appeal/Appeal			\$
Petition			\$
Issue			\$
Cert of Correction/Terminal Disc.			\$
Maintenance			\$
Assignment			\$
Other			\$
	7 TOTAL AMOUNT OF REFUND \$1000		
	8 TO BE REFUNDED BY:		
10 REASON:	Treasury Check		
Overpayment	Credit Deposit A/C #:		
Duplicate Payment	, 111-0600		
No Fee Due (Explanation):			
Fee Code Correction			
1632-\$500 to 1642-\$400.00			
11 REFUND REQUESTED BY:			
TYPED/PRINTED NAME: Barbara A. Campbell TITLE: Pavalegal			
SIGNATURE: PHONE:			
office: <u>PCT/D0/E0</u>			
THIS SPACE RESERVED FOR FINANCE USE ONLY:			
APPROVED: DATE:			

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B

PORM PTO 1577 (01/90)